

Should Cushing Syndrome Be Only Evaluated by Endocrinologists and Neurosurgeons?

Çiğdem TURA BAHADIR, Feyzi GÖKOSMANOĞLU, Elif KILIÇ KAN, Gülçin CENGİZ ECEMİŞ, **Ayşegül ATMACA**, Hulusi ATMACA, Ramis ÇOLAK

Ondokuz Mayıs University School of Medicine
Department of Endocrinology and Metabolism
Samsun, TURKEY

OBJECTIVES

Physical features such as central obesity, purple stria, thin skin, moon face and buffalo hump may be observed in Cushing's syndrome (CS). Psychiatric and psychological disturbances may also be present in addition to the physical problems. The most common mental disturbance is major depression. Mania and anxiety disorders may also be seen. It may be detected both in active period or in remission of CS on account of persistent effect of previous period of hypercortisolism, hypopituitarism and glucocorticoid deficiency. In this study, we aimed to analyze the frequency of psychopathologic disorders in CS.

METHODS

We prospectively followed 62 patients that had been diagnosed with CS between 2010 and 2014 in our clinic. Of the patients, 60% were Cushing's disease (CD) (29 female, 8 male) and 40% were ACTH-independent CS (20 female, 5 male). The patients who had been under medication for psychopathology were included in the study.

Table 1: Diagnosis time of depression in patients with CS

Etiology of CS	Age-Sex	Diagnosis time of depression	Probable reason of depression	Suicide attempt	Cortisole after LDDST (µg/dl)	ACTH (pg/ml)	SCP
A	27-F	Before surgery	active disease	-	4,5	15	-
A	23-F	After surgery	adrenal insufficiency	After surgery*	31	<5	+
A	55-F	Before surgery	active disease	-	15	25	-
CD	29-F	Before surgery	active disease	-	12	65	-
CD	45-F	Before surgery	active disease	-	16	65	+
CD	53-F	After surgery	persistant disease	-	18	82	+
CD	32-F	Before surgery	active disease	-	8	109	+
CD	35-F	Before surgery	active disease	After surgery**	11	55	+
CD	39-M	After surgery	hypogonadism GH deficiency acromegaly uncontrolled DM	-	19	57	-
CD	44-F	After surgery	GH deficiency decreased libido	-	20	44	+
CD	29-F	Before surgery	active disease	-	15	66	+
CD	45-F	Before surgery	active disease	-	3	39	-

A: ACTH-independent Cushing syndrome F: Female M: Male CD: Cushing disease SCP: Severe clinical presentation DM: diabetes mellitus

* early postoperative visual field defect and suicide attempt 1,5 year after the surgery

** early postoperative visual field defect and suicide attempt 2 years after the surgery

RESULTS

The prevalence of psychopathology was 19% in CS (12 patients). In ACTH-independent CS and CD it was 12% and 24%, respectively. Eleven (92%) patients were female. Nine (75%) patients had active diseases. Two patients, one with CD and one with ACTH-independent CS, had history of suicide attempts 1.5 and 2 years after surgery, respectively. Both suicide attempts happened after surgery. The patients who attempted suicide had glucocorticoid deficiency and hypopituitarism, respectively.

CONCLUSIONS

In CS patients, psychiatric and psychologic disorders may be seen before or after treatment. Despite treatment for CS, they still may have severe psychopathologic disorders to the degree of suicide attempts due to hormonal insufficiencies in the postoperative period that may result from medication or surgical complications. For this reason, patients should be evaluated not only by endocrinology and neurosurgery clinics, but also psychiatry clinics both before and after the surgery.

